

THE STATE BAR OF CALIFORNIA
OFFICE OF FINANCE / MBS
CREDIT CARD PAYMENT AUTHORIZATION FORM

- **Individual member:** Complete and fax this form
- **Multiple members** (firms & agencies): Complete and fax one form for each member
- **Fax:** (415) 538-2361

Questions? ☎ (415) 538-2360 or email: billing@calbar.ca.gov

Required Member Information:

State Bar Member Number: _____ Full Name: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Note: If you wish to update your official mailing address and contact information, please go to State Bar's Web site, www.calbar.ca.gov, follow the link that says "Member Services", then the link that says "Bar Member Billing and Records" to obtain a copy of the [address change form](#). Fax the form to Membership Records at (415) 538-2576 with a photocopy of one piece of valid identification.

Credit Card Payment Information:

Note: The State Bar accepts only Visa and MasterCard payments.

☐ Visa

☐ MasterCard

Card #: _____ Expires (MM/YY): _____

Cannot process without this information. Name on Card: _____
Billing Address: _____

_____ Cannot process without this information.

By my signature below, I hereby authorize The State Bar of California to charge this Visa or MasterCard account for membership fees or other State Bar related items as I have directed, in the amount of:

TOTAL:

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Signature: _____ Date: _____

*Any Credit Card Authorization Forms and Payment Requests received after 3:30 pm PST will be processed the following business day.

For Bar Use Only

Date: _____	Payment completed by: _____
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